Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL GUIDELINE CLEARINGHOUSE

General

Guideline Title

Best evidence statement (BESt). A formal follow-up process in the safety reporting system.

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BESt). A formal follow-up process in the safety reporting system. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2013 Mar 11. 5 p. [6 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1aâ€'5b) are defined at the end of the "Major Recommendations" field.

It is strongly recommended that a formal follow-up process be used to improve nurses' knowledge and awareness of the outcomes, resolution and best practices for safety issues reported (Benn et al., 2009 [2a]; Wallace et al., 2009 [2a]; Gandhi et al., 2005 [5b]).

Note: This follow-up process could take the form of any one or more of the following: replying reliably to the reporter within a reasonable timeframe, replying immediately to the reporter, using the event to raise awareness through formal staff communication channels regarding the event and/or action taken (Benn et al., 2009 [2a]; Wallace et al., 2009 [2a]; Gandhi et al., 2005 [5b]).

Definitions:

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain

Quality Level	Definition
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Table of Recommendation Strength

Strength	Definition
It is strongly recommended that… It is strongly recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens. (or visa-versa for negative recommendations)
It is recommended that… It is recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation…	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Diseases and conditions requiring safety reporting

Guideline Category

Management

Clinical Specialty

Family Practice

Internal Medicine

Nursing

Intended Users

Advanced Practice Nurses

Hospitals

Nurses

Physician Assistants

Physicians

Guideline Objective(s)

To evaluate, among nurses in the hospital setting, if the use of a formal follow-up process for safety reporting versus no follow-up process improves nurses' knowledge and awareness of the outcomes, resolution and best practices for the safety issues reported

Target Population

All nurses in the hospital setting

Interventions and Practices Considered

Formal follow-up process for safety reporting

Major Outcomes Considered

Nurses knowledge and awareness of the outcomes, resolution and best practices for the safety issues reported

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Search Strategy

- Databases: PubMed: Medline, ERIC, Scopus, and Google Scholar
- Search Terms: Safety reports, incident report, standardized process, knowledge, process, risk management, closing loop, incident reporting hospitals, knowledge and process, feedback, evaluations, incident reporting and root analysis, incident reports and evaluation, health care reporting systems, incident reporting and feedback, standard process of incident reporting, evaluations
- Filters: English Language, any date filters: articles published after 2000
- Search Date: 8/30/12

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
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4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Recommendation Strength

Strength	Definition
It is strongly recommended that… It is strongly recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens. (or visa-versa for negative recommendations)
It is recommended that… It is recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.

Strength	Definition
	There is insufficient evidence and a lack of consensus to make a recommendation…

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by 2 independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

Evidence Supporting the Recommendations

References Supporting the Recommendations

Benn J, Koutantji M, Wallace L, Spurgeon P, Rejman M, Healey A, Vincent C. Feedback from incident reporting: information and action to improve patient safety. Qual Saf Health Care. 2009 Feb;18(1):11-21. [68 references] PubMed

Gandhi TK, Graydon-Baker E, Huber CN, Whittemore AD, Gustafson M. Closing the loop: follow-up and feedback in a patient safety program. Jt Comm J Qual Patient Saf. 2005 Nov;31(11):614-21. PubMed

Wallace LM, Spurgeon P, Benn J, Koutantji M, Vincent C. Improving patient safety incident reporting systems by focusing upon feedback - lessons from English and Welsh trusts. Health Serv Manage Res. 2009 Aug;22(3):129-35. PubMed

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

- Improve nurses' knowledge and awareness of the outcomes, resolution and best practices for the safety issues reported
- A positive learning culture including feedback from staff, staff involvement (actual writing of safety reports), and managers' dissemination of information increases staff knowledge of safety concerns. In order for a person to have a positive learning experience, an adverse event must occur. The adverse event will provide positive information that can be learned through reframing a negative event (e.g., highlighting the positive aspects of a negative experience).

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

Implementation of the Guideline

Description of Implementation Strategy

Applicability Issues

Tools for Implementation

- Create a process for feedback within the current safety reporting system.

Potential Facilitators and Barriers

- Time: staff not having enough time to write a report within the allotted time
- Knowledge: not knowing when a safety report needs to be written; for example, a report about "near misses or small issues"
- Fear of recrimination: staff not wanting to report/write incidents due to the possibility of "getting into trouble" with managers and other staff members

Potential Resource Implications

- Safety Reporting databases: to track and trend safety reports
- Personnel: to collect and report the data

Other Challenges to Implementing the Recommendation

- Confidentiality Issues: All safety reports are confidential. Suggest collaboration with the organization's legal department to allow these reports to be viewed by managers and then tracked and trended for appropriate follow-up.

Implementation Tools

Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2013 Mar 11

Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

Source(s) of Funding

Cincinnati Children's Hospital Medical Center

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

Group/Team Members: Claudia McCarron BSN, RN, Specialty Resource Unit Days Team; Barbara Giambra MS, RN, CPNP Evidence-Based Practice Mentor, Center for Professional Excellence/Research and Evidence-Based Practice; Mary Shinkle MSN, Specialty Resource Unit RN Clinical Manager; Lori Puthoff, MSN, RN Clinical Director, Specialty Resource Unit Nursing

Financial Disclosures/Conflicts of Interest

Conflict of interest declaration forms are filed with the Cincinnati Children's Hospital Medical Center Evidence-based Decision Making (CCHMC EBDM) group. No financial or intellectual conflicts of interest were found.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the Cincinnati Children's Hospital Medical Center Web site .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the Cincinnati Children's Hospital Medical Center Web site .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the Cincinnati Children's Hospital Medical Center Web site .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the Cincinnati Children's Hospital Medical Center Web site .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

In addition, suggested process or outcome measures are available in the original guideline document .

Patient Resources

None available

NGC Status

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